# Theory of Change: IMPACT PA wellbeing in Scotland project. **Final overview** – 22 November 2023.

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| **What is the local & national context?** | **What are we trying to change?** | **Who will be leading the change?** | **What are the main activities? (and their purpose)** | **Who will participate in these activities?** | **What are the key outputs?** | **What are the benefits in the medium term?** What outcomes expected in 3 yrs? How will be evaluated? | **What are the longer-term goals?** What wider benefits expected in 5 yrs & beyond?  How will be evaluated? |
| A. SDS policy implementation is very patchwork across Scotland, and support for PAs is locally funded. This is likely to lead to inequalities in PA wellbeing.  B. The Verity House Agreement between SG and COSLA is likely to compound this local inequality as more localised working becomes the ‘norm’.  C. PAs face the same challenges as the wider social care workforce, which vary locally.  D. The PA Programme Board is leading on redevelopment of: the PA Handbook, PA training framework, Direct Payment national agreement.  E. Feeley Review, National Care Service, Wellbeing Hub, Fair Work in Social Care, [**SDS Improvement Plan 2023-27**](https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/06/self-directed-support-improvement-plan-20232027/documents/self-directed-support-improvement-plan-2023-27/self-directed-support-improvement-plan-2023-27/govscot%3Adocument/self-directed-support-improvement-plan-2023-27.pdf). | 1. To improve understanding among PA stakeholders of what ‘wellbeing for PAs’ means in Scotland - through evidence, co-working and dialogue.  2. To improve PA wellbeing in Scotland. | PA Wellbeing Subgroup, comprising of a cross section of policy, practice and lived experience voice.  PA Programme Board (‘houses’ Wellbeing Subgroup).  IMPACT Demonstrators. | A. Pilot of Blue Sky card with up to 50 PAs. To ascertain how PA Wellbeing subgroup works with evidence.  B. IMPACT evidence review of PA wellbeing. To ascertain for Scotland what works in PA wellbeing.  C. Recruiting a coproduction group of PAs (and PA employers):  i. To ‘ground’ evidence review findings in Scottish context.  ii. To be a fledgling evidence reference group for PA Wellbeing subgroup after the IMPACT project has ended.  D. Work with PA stakeholders to map out existing PA wellbeing offers (ie. Blue Sky card, ILG PA, Wellbeing Hub, local PA employer Toolkits), identify gaps in line with evidence review, and make recommendations. | A. Rhiann McLean (IMPACT), Les Watson (PA Network Scotland), Donna Murray (Social Work Scotland), Julia Lawrence (SDSS) 30 PAs, Blue Sky Social Care.  B. IMPACT: Richard, Rhiann, Obert, Aisha, Ask IMPACT; Les Watson (PA Network Scotland), Donna Murray (Social Work Scotland), Julia Lawrence (SDSS)  C. Rhiann, Richard, coproduction groups of PAs and employers.  D. Rhiann, Richard, PA Wellbeing Subgroup, PA coproduction groups. | A. A short pilot evaluation report to be shared with the PA wellbeing subgroup.  B. i. A plain English summary of evidence for people in the field. ii. A full critical literature review, with Executive summary for policy leads.  iii. An academic paper.  C. A reference group of PAs (and employers) that are sensitised to working with evidence, and are potentially available for future evidence work on wellbeing with PA Wellbeing Subgroup.  D. i. A ‘how to support PA wellbeing’ section for PA Handbook for Scotland.  ii. A set of evidence-informed recommendations for PA wellbeing subgroup. | ***NOTE: evaluation of 3-5 yr outcomes is hard to control as Demonstrators are limited to 12 months in post. In 12 months Demonstrators can seek to support stakeholders to evaluate these l-t potential benefits.***  PAs and their unique wellbeing needs are considered in social care across Scotland.  Interventions/ funding for PA wellbeing are evidence-informed, co-produced with PAs/their employers, and evaluated.  PA employers are informed on PA wellbeing challenges, where to signpost PAs for support; be better equipped to be ‘wellbeing employers.’  Potential for reduced PA absences and turnover, improved engagement with wellbeing resources/initiatives. | ***NOTE: Hard to make informed projection as so much political change on horizon, plus National Care Service.***  3-year benefits continue, with learning from evaluations of PA wellbeing initiatives informing ongoing work in PA wellbeing space.  NCS policy developments draw more widely on evidence of PA wellbeing e.g. SDS strategy, e.g. ethical commissioning recognises the need to resource PA wellbeing. |
| **Key Assumptions** | **Key Assumptions** What do we know as a starting point locally and nationally? | **Key Assumptions**  Why are these the right people to lead? | **Key Assumptions**  What will result in these activities bringing about change? | **Key Assumptions**  What is their role in achieving the change? | **Key Assumptions**  What makes these outputs achievable? | **Key Assumptions**  How will the activities result in these outcomes?  What else needs to be in place? | **Key Assumptions**  What would lead to these wider benefits?  Who would need to be engaged? |
| Covid £500 payment led to SG awareness of an ‘unknown’ PA workforce within social care sector. They initiated PA Programme Board (and subgroups) to support targeted policy initiatives for PA workforce, including PA wellbeing. | We know that:  - PAs have been a largely ‘hidden’ group.  - PAs stay in their roles for longer than the general social care workforce.  - The nature of the position is different from other comparable social care roles.  - Sometimes PAs are employed by disabled people with no other choice (reluctant employers).  - Some PAs are self-employed, some are employees.  - Some PAs support disabled children. | PA Programme Board and wellbeing subgroup are well-established with clear governance from Social Work Scotland and the lead on PA policy and practice.  A task for this work will be balancing PA voice and PA employer (disabled people and their families) voices to ensure we sensitively manage conflicts of interest. | A cornerstone assumption of this project is that better understanding of what drives wellbeing/addresses illbeing will lead to investment in evidence-informed and co-produced interventions that follow the evidence.  The evidence may be ambivalent, or very weak in terms of what affects PA wellbeing specifically [but even that would be good to know]. | There may be tensions in the roles surrounding PA wellbeing and PA employer rights as they relate to the Independent Living Movement.  An assumption our work may make is that improving wellbeing for PAs is likely to improve outcomes/ choice and control for employers (ie. Reduced turnover, better quality of care). | Input from IMPACT’s wider team to develop comprehensive and timely review.  Existing links between PA Programme Board make for easier communication/co-production. | Ongoing appetite/interest from Scottish Government in PA wellbeing interventions.  Parallel developments of PA workforce including training framework, PhD studentship, Direct Payment National Agreement negotiations all point to investment rather than disinvestment.  There are unknowns – how PAs will fit into NCS, how PA regulation/ registration will be managed and what this will mean for the PA sector, stakeholders, and Independent Living politics. | Wider scale recognition of the PA role across the social services landscape including Scottish Government policy makers, strategic and local commissioners, NCS, and SDS support organisations.  Improvement of overall profile of social care and its essence to society, economy, sustainability agendas. |
| **What is the potential to ensure lessons from this work have wider influence on policy or practice?**  Nationally very high, due to SG involvement, ongoing role of PA Programme Board, involvement of key social care stakeholders, and interest of disabled employers. Locally, at implementation level the picture is more uneven due to policy and practice diversity and inequalities. At granular level (employers and PAs) the picture is less certain again (due to churn, isolation, uneven networks, each unique employer/PA relationship etc), so the interventions above need to account for this. There is also likely significant political (and so meta-level policy) change at UK and Scottish levels over the next 1-5 years, and the passage of the National Care Service Bill through the Scottish Parliament, which also will shape the influence of this work. | | | | | | | |